

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

10273-62-040136

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED NOV 1 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in 1b
1 weekc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION De Paul HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louisc. CITY
OR
TOWN FlorissantInside Limits
Yes ☒ No ☐d. STREET
ADDRESS
1425 Spring Valley driveReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Paul

E

Dallwitz

4. DATE
OF
DEATH

Month

Day

Year

October 25 1962

5. SEX
male6. COLOR OR RACE
white7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
1-1-18849. AGE (last birthday)
78IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life even if retired)
Maintenance Man (retired)10b. KIND OF BUSINESS OR INDUSTRY
St. Louis
Globe-Democrat11. BIRTHPLACE (City and state or country)
Dresden, Germany12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Ernst Dallwitz

13b. MOTHER'S MAIDEN NAME

Ida Klaus

14. NAME OF HUSBAND OR WIFE

Anna C. Dallwitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr. Herbert Dallwitz, 1425 Spring Valley

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARCINOMA OF LARYNX WITH METASTASES

DATE BETWEEN
ONSET AND DEATH
AUG. 9, 1962
OCT. 25, 1962Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

161x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 12, 1962 to Oct. 25, 1962 and last saw her
him alive on Oct. 24, 1962
Death occurred at 12 PM Oct. 25, 1962 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert W. Lahn M.D.

22b. ADDRESS

6101 LAFAYETTE FLORISSANT.

22c. DATE SIGNED

10-26-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Removal

23b. DATE

Oct. 29, 1962

23c. NAME OF CEMETERY OR CREMATORY

New Bethlehem Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

24. FUNERAL DIRECTOR

Math Hermann & Son, Inc., 2161 E. Fair
St. Louis, 7, Missouri

25. DATE RECD. BY LOCAL REG.

OCT 27 1962

26. REGISTRAR'S SIGNATURE

Robert Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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4/13/63

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W. G. B. Burnley

Licensed Embalmer No. 4202

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.